PRINTED: 08/04/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS3277AGC 07/07/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3508 VENICE DRIVE **VENICE ADULT GROUP INC** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 **Initial Comments** Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/7/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified: Y 103 Y 103 449.200(1)(d) Personnel File - NAC 441A SS=F NAC 449.200

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on record review on 7/7/09, the facility

1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.

Bureau of Health Care Quality & Compliance

		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
NVS3277AGC						07/07/2009			
NAME OF PROVIDER OR SUPPLIER VENICE ADULT GROUP INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3508 VENICE DRIVE LAS VEGAS, NV 89108						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE			
Y 103	Continued From page 1 failed to ensure 1 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #2) for the protection of 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7). Severity: 2 Scope: 3			Y 103					
Y 105 SS=D				Y 105					
	NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.		ach clude:						
	Based on record revi failed to ensure 1 of a checks completed (E	ot met as evidenced by ew on 7/7/09, the facilit 4 caregivers had backg imployee #4). Employe ed criminal history state prints.	round ee #4						
	This was a repeat de State Licensure surve	ficiency from the 9/10/0 ey.)8						
	Severity: 2 Scop	e: 1							
Y 274 SS=C	449.2175(5) Service	of Food - Substitutions		Y 274					
	be documented and lat least 90 days after	or an item on the menu kept on file with the me the substitution occurs posted in a conspicuou	nu for s. A						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
NVS3277AGC		NVS3277AGC		B. WING		07/07/2009			
NAME OF PR	OVIDER OR SUPPLIER	•	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE				
VENICE ADULT GROUP INC			3508 VENICE DRIVE LAS VEGAS, NV 89108						
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Y 274	Continued From page place during the serv		Y 274						
	This Regulation is not met as evidenced by: Based on observation and interview on 7/7/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility did not follow the scheduled menu for 2 of 2 meals observed today. This is a repeat deficiency from the 4/30/09 complaint survey.								
V 0.70	Severity: 1 Scope: 3			V 0.70					
Y 353 SS=E	NAC 449.222 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.			Y 353					
	Based on observation to ensure grab bars a	ot met as evidenced by: n on 7/7/09, the facility adjacent to the toilet in 2 proom in bedroom #8 ar room #1.	failed 2 of 5						
	Severity: 2 Scope:	2							
Y 356 SS=D	NAC 449.222 6. Bathroom doors th	as and Toilet Facilities at are equipped with logue to the insi		Y 356					

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This Regulation is not met as evidenced by: Based on observation and interview on 7/7/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident

had been transferred.

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NAC 449.2748

over-the-counter medication, stored at a residential

facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility

1. Medication, including, without limitation, any

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS3277AGC

STREET ADDRESS, CITY, STATE, ZIP CODE

(X2) MULTIPLE CONSTRUCTION

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

07/07/2009

3508 VENICE DRIVE **VENICE ADULT GROUP INC** LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 920 Continued From page 5 Y 920 shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 7/7/09, the facility failed to keep medications for 6 of 7 residents in a locked area (Resident #2, #3, #4, #5, #6, and #7). Severity: 2 Scope: 3 Y 923 449.2748(3)(b) Medication Container Y 923 SS=F NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.

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